

# NAF ATSUGI COACHING APPLICATION

## Volunteer Information

Last Name	First Name	Rank
Home Phone	Work Phone	SSN/DES
Email	Alternate Email	
PSC Mailing Address	Rotation Date	Branch

## Coaching Preference

SPORT (Select Sport)	AGE DIVISION (Select Age Division)	<input type="radio"/> Head Coach <input type="radio"/> Assistant Coach
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Do you have a child in the age division that you are requesting to coach?

☐ No ☐ If yes, please insert child's information (Last,First) \_\_\_\_\_

## Coaching Experience

*If any, Please state the total number of years and the program in which you have coached*

SPORT	Ages 5-6	Ages 7-8	Ages 9-10	Ages 11-12	Ages 13-15	Ages 16-18
Baseball/Softball						
Flag Football						
Soccer						
Basketball						
Cheerleading						
Volleyball						
other						

CPR Qualified ☐ yes ☐ no

## Comments

# VOLUNTEER AGREEMENT FOR

☐ **APPROPRIATED FUND ACTIVITIES**
☐ **NONAPPROPRIATED FUND INSTRUMENTALITIES**

## PRIVACY ACT STATEMENT

**AUTHORITY:** Section 1588 of Title 10, U.S. Code, and E.O. 9397.

**PRINCIPAL PURPOSE(S):** To document voluntary services provided by an individual, including the hours of service performed, and to obtain agreement from the volunteer on the conditions for accepting the performance of voluntary service.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however failure to complete the form may result in an inability to accept voluntary services or an inability to document the type of voluntary services and hours performed.

## PART I - GENERAL INFORMATION

1. TYPED NAME OF VOLUNTEER <i>(Last, First, Middle Initial)</i>	2. SSN	3. DATE OF BIRTH <i>(YYYYMMDD)</i>
4. INSTALLATION	5. ORGANIZATION/UNIT WHERE SERVICE OCCURS	
6. PROGRAM WHERE SERVICE OCCURS	7. ANTICIPATED DAYS OF WEEK	8. ANTICIPATED HOURS
9. DESCRIPTION OF VOLUNTEER SERVICES		

## PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES

<b>10. CERTIFICATION</b> I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services I will be providing.		
a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED <i>(YYYYMMDD)</i>
11.a. TYPED NAME OF ACCEPTING OFFICIAL <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>

## PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES

<b>12. CERTIFICATION</b> I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services and liability for tort claims as specified in 10 U.S.C. Section 1588(d)(2). I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services that I am offering.		
a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED <i>(YYYYMMDD)</i>
13.a. TYPED NAME OF ACCEPTING OFFICIAL <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>

## PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR

14. AMOUNT OF VOLUNTEER TIME DONATED				15. SIGNATURE	16. TERMINATION DATE <i>(YYYYMMDD)</i>
a. YEARS <i>(2,087 hours = 1 year)</i>	b. WEEKS	c. DAYS	d. HOURS		
17.a. TYPED NAME OF SUPERVISOR <i>(Last, First, Middle Initial)</i>				b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>

**AUTHORIZATION FOR RELEASE OF INFORMATION  
PRIVACY ACT STATEMENT**

Solicitation of social security numbers by this department is authorized by executive order 9397. Social security numbers will be used in compiling background checks used to determine whether or not you meet the qualifications required by OPNAVINST 1700.9c. Disclosure of this information is voluntary, however, failures to do so will service in government housing or at the Child Development Center. It will also disqualify you from working at the Teen Center and/or Youth Center.

Applicant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature & Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature & Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Name and Social Security Number of other Household members, over twelve years of age (only if applying for FHC program).

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Date:

To:     Family Service Center, Atsugi, Japan  
          Drug and Alcohol Program Advisor (DAPA), Atsugi, Japan  
          Command Investigation Division  
          Naval Criminal Investigation Service (NCIS)

Subj:    **Local Background Check Request**

1. Request a local background check be conducted on the above named individual.
2. Prior to becoming a Youth Activities, Teen Center or Child. Development Center Employee, Local Background check results must be obtained to ensure the protection of our patrons from unwarranted incidents, which may or will jeopardize confidence in services offered.
3. Please forward results to Morale Welfare and recreation Department, PSC 477 Box 20 FPO AP 96306-1220, attention Personnel office.

S. MOTCHNIK  
MWR Director

Office Use Only:

Date:

From:

To: MWR Personnel Office, Atsugi, Japan

Subj: **REQUEST OF LOCAL BACKGROUND CHECK**

1. This is to certify that the records of this organization revealed the following information concerning the above person(s) based on the checks of all available sources

- ( ) No record was found.
- ( ) Information that may be disqualifying was found. Please see attached
- ( ) Please see note below.

Signature & Title

Date

**COMMAND INVESTIGATIONS DIVISION  
U.S. NAF ATSUGI, JAPAN  
AUTHORITY FOR REALEASE OF INFORMATION AND RECORDS**

In accordance with the privacy act of 1974, I have been advised that certain information is required to assist the U.S. Visa in making a security determination concerning me and that execution of this form is voluntary.

I hereby authorized and consent to the release of information and records bearing on my personal history, arrest and convictions, if any, to Special Agents of the Department of Defense. The information will be used for that purpose of determining my qualifications for employment.

This authorization is valid for six (6) months after my signing. Upon request, a copy of this signed statement may be furnished to the present or former employer, criminal justice agency, or other persons furnishing such information or record.

\_\_\_\_\_  
Name (Last, First, Middle)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security Number

Current Mailing Address: